

Consent for Treatment and Limits of Liability

By signing this form, I acknowledge I have read and consent to the following information:

1. Therapy is confidential, whether I am an adult or a minor. There are, however, legal restrictions to client confidentiality:

- When a life-threatening risk to myself or someone else is present; including medical emergencies.
- When suspicion of abuse or neglect of children, seniors, or the incapacitated is presented.

2. I understand that electronic modes of communication with Shanee Moas cannot, in most instances, assure the highest level of confidentiality and may not be HIPPA, or otherwise, compliant with state law governing confidentiality. I understand that Shanee will only initiate phone, e-mail, and text communication per my request, which may consist of my initial phone, e-mail, or text communications with him. I understand there may be instances of confidentiality breeches when communicating with Shanee outside of his office. If I no longer wish to receive electronic communication with Shanee I will submit such request in writing.

3. Of the varying ethical codes related to the counseling profession, I understand the Nevada State Board of Examiners for MFT and CPC, in accordance with the Nevada Revised Statute (NRS) Chapter 641A, has adopted the AAMFT Code of Ethics (www.aafmt.org) for ethical practice management. I acknowledge that Shanee Moas practices psychotherapy as a Marriage and Family Therapist Intern, within the guidelines of Nevada law (NRS 641A).

4. I understand that process notes are used for clinician purposes only, and are not subject to release for other legal or medical issues. In the event that documentation of therapy attendance, progress, prognosis, diagnosis etc, is needed a letter stating these facts may be fashioned by Shanee Moas at such time only upon my specific written consent. I will explain, during my first therapy session, any pending legal, or otherwise conflicting, issues or matters such as mandated therapy, custody cases, etc.

5. I understand in order for Shanee Moas to provide optimal therapy, certain cases may be reviewed with other allied state licensed, or otherwise state approved, psychotherapists and trainers/trainees who are furthermore bound to the same provisions of client confidentiality and privacy. In these circumstances, all identifying information is withheld.

6. I agree to notify my therapist at least 24 hours in advance of a cancellation. For example, if my appointment is scheduled for Friday the 5th at 10am and I need to cancel or reschedule, I will do so before 10am Thursday the 4th. There is a full session charge for a late cancellation or missed appointment.

- Appointments can be made, changed, or cancelled via phone, e-mail, or text. However, when cancelling a session via e-mail or text prior to the 24 hour cancellation period, I understand confirmation from Shanee Moas is required.

Please initial to confirm review of cancellation policy: _____

7. I understand that sessions are 45-50 minutes in length, begin at the agreed upon start time, and cost \$60.00. A monthly receipt for service is available upon request. In addition:

- [Fees can be paid by cash, check, or major credit card. Return check fee: \$35.00
- [Letter/Report fees are \$60 per request and require 10 business days' notice with prepayment of fee.
- [Prepayments are cash refundable up to 365 days from date of payment.

8. In the event that my account becomes delinquent due to a late cancellation or no-show for a scheduled session, I authorize Shanee Moas to charge my credit card (provided on record) the agreed upon fee for the missed session(s). In the event that I am paying by cash or check I will pay these fees prior to my next session or no later than 7 days, which ever comes first. I also understand that a collections service is used for delinquent accounts. I acknowledge that failure to keep my account in good standing will consist of a minimal amount of demographic information released to collections.

Client Signature **Date**

Shanee Moas, MFT-intern **Date**

Client Signature **Date**